

EMPLOYEE ASSISTANCE PROGRAM SCREENING RECORD

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a) – AUTHORITY: Title 10, USC 3012 and 42 USC 290dd-2. **PRINCIPLE PURPOSE:** To maintain client file for subsequent follow-up or referrals. **ROUTINE USES:** Record necessary to provide a reference of personnel referred for evaluation or counseling. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. If personal data is not provided, services will continue with information available.

IDENTIFICATION DATA

DATE: _____

NAME: _____ GRADE: _____ SSN: _____

STATUS: Civilian Employee Military Retiree Family Member of Military Retiree
 Family Member of Civilian Employee Family Member of Active Duty

DATE OF BIRTH: _____ SEX: _____ AGE: _____ RACE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ EXT: _____

DUTY STATION/OFFICE SYMBOL: _____ JOB: _____

JOB SERIES: _____ YEARS IN JOB: _____ YEARS FED. SVC: _____

NAME OF SUPERVISOR: _____ PHONE: _____

TYPE OF REFERRAL: _____ REASON: _____

INSURANCE CO: _____ POLICY NO: _____

MEDICARE CHAMPUS VETERAN DISABILITY

YEARS MILITARY SERVICE: _____ BRANCH: _____ GRADE: _____

EDUCATION LEVEL IN YEARS: _____ IF DEGREE, WHAT FIELD: _____

FAMILY HISTORY

MARITAL STATUS: _____ IF MARRIED, HOW LONG: _____

SPOUSE'S NAME: _____ AGE: _____

UNIT IF SPOUSE IS ACTIVE DUTY: _____ PHONE: _____

CHILDREN

NAME	AGE	SEX
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF CLIENT

SSN:

HAS ANY OF YOUR FAMILY MEMBERS RECEIVED TREATMENT FOR ALCOHOL OR DRUG ABUSE, EMOTIONAL OR MENTAL PROBLEMS, OR PHYSICAL DISABILITIES? Explain.

CLIENT STATEMENT OF PRESENTING PROBLEM

DESCRIBE THE PROBLEM THAT BROUGHT YOU TO THE EAP: _____

WHAT WERE YOUR ATTEMPTS TO SOLVE THESE PROBLEMS?: _____

EAPC STATEMENT OF PRESENTING PROBLEM

EAPC SUMMARY OF THE SCREENING

NAME OF CLIENT	SSN:
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RECOMMENDATIONS/DISPOSITION

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(Date)

(Signature of EAPC)